State of Wisconsin
Department of Natural Resources

NOTICE OF INTENT

Information Summary for *Nonmetallic Mining Operations*

As authorized in NR 216.26, Wi. Adm. Code, the Department of Natural Resources (the Department) will use the information requested on this form to determine if process wastewater and/or stormwater discharges from nonmetallic mining operations are eligible for coverage under the Wisconsin Pollutant Discharge Elimination System (WPDES) generalized permit No. WI-0046515-3. Submittal of a completed form to the Department is mandatory for any owner or operator of a nonmetallic mining operation that must apply for a permit in accordance with 40 CFR Part 122 or Chapter 283,Wi. Statutes. Discharge of wastewater from a nonmetallic mining operation which has not obtained coverage under the nonmetallic mining general permit or other applicable WPDES permit may result in forfeitures up to $10,000 per day, pursuant to s. 283.91, Stats. Personal identification information requested on this form may be used for other water quality program purposes.

Enter N/A for questions not applicable to your operation.

Section I: Parent Company/Owner Information – To be completed by all dischargers

Company/Owner Name

Contact Name Last First MI Title

Street Address City State Zip Code

Phone Number Fax Number E-mail address (if available)

1. What are the Standard Industrial Classification (SIC) codes for your company's nonmetallic mining operations?

   ☐ 1410 Dimension Stone ☐ 1420 Crushed and Broken Stone ☐ 1440 Sand and Gravel
   ☐ 1450 Clay, Ceramic & Refractory ☐ 1470 Chemicals & Fertilizers ☐ 1480 Nonmetallic Mineral Services

   Others?

2. Has your company been issued any other wastewater (WPDES) permits that authorize the discharge of other wastewaters (such as from asphalt or concrete operations) to Wisconsin surface or underground waters?

   ☐ Yes List the site names and WPDES permit numbers:

   ☐ No

3. To the best of your knowledge, do any of your operations have process wastewater (from aggregate washing, pit dewatering, stack scrubbing, boiler blowdown, etc.) that contains any of the substances listed below? _____ Do any of your sites have stormwater that comes in direct contact with any of the substances listed below? _____ Check all the substances that apply.

   ☐ 4,4'-DDD ☐ 4,4'-DDE ☐ 4,4'-DDT
   ☐ alpha – BHC ☐ Dieldrin ☐ Chlordane
   ☐ Mercury ☐ Mirex ☐ Octachlorostyrene
   ☐ Photomirex ☐ PCB ☐ Pentachlorobenzene
   ☐ 1,2,3,4-Tetrachlorobenzene ☐ 1,2,4,5-Tetrachlorobenzene ☐ 2,3,7,8-Tetrachlorodibenzo-p-dioxin
   ☐ Toxaphene ☐ gamma - BHC (Lindane) ☐ tech. – BHC
   ☐ Hexachlorobenzene ☐ Hexachlorobutadiene
   ☐ Other substances that are known to be harmful to human health or aquatic life (such as solvents or dissolved metals)

   If you answered yes to either question above, and <u>any</u> of the above substances are checked, you may be required to segregate that wastewater and not discharge it to waters of the state. If you wish to pursue obtaining a permit to discharge wastewater containing these chemicals, indicate that you want the Department to send an application for a site specific WPDES discharge permit by checking here ☐.

   Check here ☐ if none of the above substances are expected to be in the discharge.

4. To the best of your knowledge, have any leaks, spills, overflows or similar instances resulted in contamination of stormwater runoff from any of your nonmetalic mining operations in the last three years?

   ☐ Yes List the site names and actions taken to prevent future problems, (attach additional sheets if necessary).

   ☐ No

Section II: Site/Property Information – To be completed for coverage of individual mine sites. Make copies of this section or use a table format to apply for more than one mining site. (Go to Section III to apply for a mobile equipment operation whose sites are not known at this time)

Site/Property Name | Site/Property Identification # [FID] (if known)

Contact Name Last | First | MI | Title

Street Address | City | State | Zip Code

Property location: County | Township ___ N | Range ____ ☐ E ☐ W | Section | Quarter | Qtr/Qtr | Lat/Long-GPS Coordinates (if known)

Phone Number | Fax Number | E-mail address (if available)

Attach a site map, such as an air photo, USGS topographic map or survey map, showing the mining site location, the nearest public roadway and surface water resources within 1000 feet. Wastewater treatment, seepage or discharge points should also be shown if the site has process wastewater as described in Section IV.

1. What is the flow pattern of stormwater run-off at the site?

☐ Externally Drained (some or all of the stormwater that contacts disturbed areas or excavated materials runs beyond the site property boundary). Include ponds or bermed areas that have overflow discharges that flow to areas outside of the property boundaries.

☐ Internally Drained (No off-site discharge -- all stormwater that contacts disturbed areas or excavated materials is directed to onsite seepage areas or ponds that are entirely confined and completely retained within the property boundaries of the site.)

2. Briefly describe the industrial activity at this site. What Standard Industrial Classification (SIC) code would the operation be included under? Are there any adjacent mining, concrete or asphalt operations?

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☐ G. P. Coverage
☐ Individual Permit
☐ NPR

3. Is this site to be "permitted" for the discharge of process wastewaters to onsite seepage areas, to off-site seepage areas or to off-site surface waters?
   ☐ Yes, and section IV has been used to describe the process wastewater discharges
   ☐ No

4. Check here ☐, if ALL of the site's process wastewater and stormwater goes to a municipal or sewerage district treatment plant that has its own WPDES discharge permit. Such a mining site does not need an additional WPDES permit. If future operations at this site result in a direct discharge to waters of Wisconsin, you will need to inform the Dept.

Section III: Mobile Unit Information – To be completed for coverage of a machinery group or "spread" that operates at a number of sites. This section may be copied for describing multiple machinery groupings. Also, complete property descriptions (using section II, above) for any known or expected operating sites, so that discharge permit eligibility can be established prior to the start of operations.

Mobile Unit Operator Name/Contact | Last | First | MI | Title

Facility Identifier (FID) # (if known) | Anticipated Sites for Mobile Unit Operation [attach additional sheets if necessary and check here ☐]

Phone Number | Mobile Phone Number | E-mail address (if available)

Number of Wash plants | Number of Crushing plants

Section IV: Mining Process Wastewater Information – To be completed for sites or equipment that discharge wastewater generated during the process of mining. (This section may be copied for multiple sites or machinery groupings)

1. Indicate the **receiving waters** for the process wastewater discharges. Check all that apply. (**NOTE**: Part 3, below, describes types of process wastewater. An outfall is a seepage area or an individual discharge point, such as a seepage pond bottom, or a sewer pipe, channel, or ditch that conveys the wastewater to underground waters or surface waters).

☐ **Onsite Groundwater** (this includes infiltration of wastewater through the soil via seepage ponds, septic systems and associated drain fields, ditches, trenches, etc. within the property boundaries of the site).
a. Outfall #(s):

☐ **Off Site Drainage Ditches and Surface Water Resources** (this includes drainage ways, tributaries, wetlands, creeks, streams, rivers or lakes):
a. Outfall #(s):

b. How far is it from the discharge point to a surface water resource (i.e. distance traveled through storm sewers or drainage ditches)? ☐ Less than 1000 feet ☐ Between 1000 and 5000 feet ☐ Greater than 5000 feet

c. What is the first named surface water the discharge enters?

d. If the discharge is to a wetland indicate whether it is believed to be ☐ natural or ☐ artificial

☐ **Municipal or Sewage District Treatment Plant** – Outfall #(s):
These discharges would travel in a sanitary sewer to an off-site treatment facility that has its own WPDES permit.

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☐ Eligible

☐ Ineligible
☐ ERW
☐ ORW

☐ NR 103 Completed

☐ NPR

Additive follow-up necessary:
☐ Yes
☐ No

2. Are water treatment or conditioning additives used in waste streams that are discharged to surface waters or seeped into groundwaters?

☐ No No water treatment additives (such as, separation aids, boiler treatments, scale/rust inhibitors, biocides, chlorine, etc.) are used.

☐ Yes Additives are used and **described in Appendix A**. Are any of the additives considered a biocide? ☐ No ☐ Yes (Biocides are designed to control biological growth, such as algae, in tanks, cooling towers, and other equipment)?

3. **List the Process Wastewater Types and Flows**. Common types of mining process wastewaters are listed below. "Other" process wastewater types could be softener regeneration wastewater, scrubber water or wastewater from internal building floor drains. Dust suppression water may be omitted if there is no runoff. Outfalls described below should be located on the site map requested in Section II, page 2.

Type of Wastewater (check all that apply):	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons per day)	Type of Wastewater (check all that apply):	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons per day)
☐ Washwater Associated with Material Processing	#		☐ Sanitary wastewater from toilets, sinks, etc. *If the sanitary waste-waters are **not** mixed with the mining process water, write the **type** of sanitary waste treatment system in the daily flow column in place of a flow estimate.*	#	
	#			#	
	#			#	
☐ Pit Dewatering	#		☐ Other (describe type)	#	
	#			#	
	#			#	
☐ Noncontact Cooling Water, Condensate or Boiler Water	#		☐ Other (describe type)	#	
	#			#	
	#			#	
☐ Vehicle or Equipment Washwater	#		☐ Other (describe type)	#	
	#			#	
	#			#	

Section V: Signatory Requirements

Information about the person completing this form:

Name, Last	First	MI

Street Address	City	State	Zip Code

Phone Number	Fax Number	Email Address (if available)

Title of the person completing the form.

☐ Check here if you should receive Discharge Monitoring Reports (DMR's) for annual reporting of discharge test results.

Official Representative's Signature. This form must be signed by the official representative of the permitted facility who is**:** the proprietor for a sole proprietorship; a general partner for a partnership; a principal executive officer, ranking elected official or other duly authorized representative for a unit of government; a member or manager for a limited liability company; or, for a corporation, an executive officer of at least the level of vice president, or by the executive officer's authorized representative having overall responsibility for the operation of the facility. If this form is not signed below, or is found to be incomplete, it will be returned.

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

Printed or Typed Name of Official Representative	Title

Signature of Official Representative	Date

MAIL COMPLETED APPLICATION TO:

Wisconsin Department of Natural Resources

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Date Application Received:

Status: ___ Denied
___ Approved
___ Specific permit

Date:

Site Number or FIN:

Comments:

APPENDIX A - WATER TREATMENT ADDITIVE INFORMATION

[Use this appendix to provide details on the additives affirmed to be used in question #2, Section IV on page 3]

Submit the following information for each water treatment or conditioning additive that could be contained in the wastewater discharged to seepage or surface waters:

a. Commercial name, and the amount or concentration of the additive that will be used.
b. Proposed frequency of usage, and the anticipated discharge concentration of the additive.
c. Material Safety Data Sheets (MSDS's) for each additive.

NOTE: The information requested in this section should be available from your additive supplier

If your discharge enters a surface water, you must also submit the following information:

d. At least one 48-hour LC_{50} or EC_{50} value for Daphnia magna and at least one 96-hour LC_{50} or EC_{50} value for fathead minnow, rainbow trout, or bluegill.

If available from suppliers:

Outfall #	Additive Name and Manufacturer	Additive Type Biocide, pH adjuster, scale, inhibitor, rust inhibitor, etc.	Amount or Concentration Used (mg/l or lbs/day)	Anticipated Discharge Concentration (mg/l)	Frequency of use (Continuous, 1x/week, etc.)	Daphnia Magna 48-HR LC_{50} or EC_{50} (mg/l)	Fathead Minnow 96-HR LC_{50} or EC_{50} (mg/l)	Rainbow Trout 96-HR LC_{50} or EC_{50} (mg/l)	Blue Gill 96-HR LC_{50} or EC_{50} (mg/l)

ATTACH MATERIAL SAFETY DATA SHEETS (MSDS's) TO BACK OF THIS APPENDIX